CERTIFICATION OF VITAL RECORD

MECKLENBURG COUNTY REGISTER OF DEEDS - HEALTH DEPARTMENT

CHARLOTTE, NORTH CAROLINA CERTIFICATE OF DEATH

| | REGISTRAT DISTRICT N | 000 | | NO OF | UNUUU | | | MICCHICL | burg | STATE | FILEN | 0 | | | | | |
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| ENT | DECEDENT 1a FIRST | S LEGAL NAM | E 15 MIDD | | | OCCUPATION AND DESCRIPTION | | | | 1d SUFFIX 11e LAST NAME PRIOR TO FIRST | | | | | | | |
| NT IN | 1999 | | 1 | | | | H111 | | | - 1 | 10 001 | MARE | RIAGE | | | | |
| LUE- | Carol | | L. | Lynn | | HILL | | | | | | | | | | | |
| NK . | 2 SEX 38 AGE-LAST 36 U | | 3b UNDER 1 YE | JANA JNDER 1 YEAR 36 UNDER 1 | | Aka DAY 4 DATE OF BIRTH (Month/Da | | N/Day/Year) IS BIRTHPLACE | | - | 6 DATE OF DEATH (Month/Day/Year) | | | | | | |
| | F 19 Mont | | Months Days | | | ular | | | (County/State or Foreign Count | | buntry | itry) | | | | | |
| Examiner | | | | 1/24 | 1/24/2001 Mecl | | | klenburg, NC December 31 | | cember 31, 2020 | | | | | | | |
| - m | | | | | | | | | | | | | | | | | |
| - Medica | 74 ACILITY | NAME (If not in | nstitution, give stre | ☐ Mursing h | 7d CITY OR TOWN | | s home U Other | | | | | | | | | | |
| - e | 7607 Monogramm Lane | | | | | | 3 SPOUSE (Give name 10s DECEDEN | | Mint | Hill | | Mecklenbu | urg | | | | |
| - string | Marned Marned, but separated Widowed prior to fi | | | | prior to firs | first marnage) | | 10a DECE | 10s DECEDENT'S USUAL OCCUPATION (Do not use retired) | | ON | 106 KIND OF BUSINESS/INDUSTRY | | | | | |
| an la | | | | | | | | Student | | | | cation | | | | | |
|) Jacon | | | | | | | | COUNTY | | 12 | CITY OR TO | | | | | | |
| Dy Phy | 244-95-0709 North Carolina | | | | | | Mecklenburg | | | I ZIP C | Mint Hill ZIP CODE 13 WAS DECEDENT EVER | | | | | | |
| Z es | | | | | | | | | | | | | | | | | |
| 回車 | 14 DECEDENT'S EDUCATION (Check the box that 115 DECEDE | | | | | | FOF HISPANIC ORIGIN? (Check the st describes whether the decedent is panic/Latino Check the "No" box if not Spanish/Hispanic/Latino) | | | DECEDENT'S P | RACE (C | heck one or m | Yes No hore races to indicate what to be) Other Asian (Specify) | | | | |
| 1 | complete | d at the time of a | death) | | 1 | Spanish/Hisp decettent is n | anic/Latino Cho | eck the "No" | box if | White | | | Other Asian (Specify) | | | | |
| 08 | ☐ 9th-12 | th grade, no dip | oloma | | 700 | No, not Sp | anish/Hispanic/L | atino | | ☐ Black or Afric ☐ American Indi | an or Ala | ska 🗆 N | Nativo Hawaiian | | | | |
| 35 | ☐ High school graduate or GED completed ☐ Some college credit, but no degree ☐ | | | | ⊒ Yes, Mexican, Mexican American, Chicano ⊒ Yes, Puerto Rican | | | ina | | | | Suamanian or Chamorro | | | | | |
| A S | ☐ Associ | ate degree (e g lor's degree (e g | , AA, AS) | | 1 | Yes, Cubar | n Spanish/Hispanii | of alon /S | ne(fu) | | | | Samoan Other Pacific Islander (Spe | | | | |
|) E | Master | 's degree (e a . l | MA, MS, MEng, M EdD) or Profession | Ed, MSV | V. MBA) | | openieror napeni | acauno (Spe | (City) | ☐ Asian Indian ☐ Jap ☐ Chinese ☐ Kor | | panese Other (Specify) | | | | | |
| 1 | (e.g. N | ID, DDS, DVM. | LLB, JOI | | 10000 | | | | | ☐ Filipino ☐ Viota | | tnamese _ | | | | | |
| rs | TOTAL | PARENT NAME | (First, Middle, La | st) (Last | t Name Prior | to First Marri | age) | 18 MOTHE | RIPARENT | IAME (First, Midd | ile, Last | (Last Name i | Prior to First Marriage) | | | | |
| | | | ord Hill | 1 | 195 RELATIO | ONSHIP TO I | DECEDENT 119 | c MAILING | ADDRESS (S | Lynn Ma treet and Number | , City, S | late, Zip Code) | | | | | |
| | Steph | anie L. | Hill | 1 | Moth | er | 7 | 607 Mc | nogra | mm In M | int | Hill, N | NC 28227 | | | | |
| ION | | | ment Remov | al from S | State Of | her place) | 20a METHOD OF DISPOSITION Burnal Ceremation 20b PLACE OF DISPOSITION (Name of cemetery, crematory, Disposition Disposition Ceremation, 20b PLACE OF DISPOSITION (Name of cemetery, crematory, Disposition Cerematory, Disposit | | | | | | | | | | |
| 37 | | Golfer (Specify) Forest Lawn West Crematory Charlotte, NC | | | | | | | | | | | | | | | |
| 34 | 215 SIGNATURE OF FUNERAL DIRECTOR 215 LICENSE NUMBER 210 NAME OF EMBALMER 213 LICENSE NUMBER 215 LICENSE NUMBER | | | | | | | | | | Char | | | | | | |
| | () | 7 | | | 216 LI | CENSE NUM | awn West | Crem | atory OF EMBALM | ER | Char | | LICENSE NUMBER | | | | |
| | 22 NAME AN | 120 | | ME MC | 216 LIG | CENSE NUM S3174 | BER | 21c NAME | atory OF EMBALM N/ | A A | Char | | | | | | |
| | 22 NAME AN | 120 | | ME MC | 216 LIG | CENSE NUM S3174 | BER | 21c NAME | atory OF EMBALM N/ | A A | C 28 | 214 | N/A | | | | |
| TION | 23 Part I Ent respirator | AD ADDRESS Of ter the chain of the street, or vent | | 74 | Ewen F | S3174 Cunera | BER 1 Service Mint Horizontal | ce-Mir | atory OF EMBALM N/ nt Hill Mint | A Chapel Hill, N | C 28 | 21d | LICENSE NUMBER | | | | |
| AL TION | 23 Part I Ent respirator | ter the chain of a y arrest, or vent | OF FUNERAL HON | 74 | Ewen F | S3174 Cunera | Service Mint H Sty caused the d s b, c and/or d | 21c NAME CE-Mir 111 Rd cath DO NO Enter only or | atory OF EMBALM N/ It Hill Mint Of enter term ne cause on a | A Chapel Hill, N | C 28 | 21d | Approximate interval | | | | |
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THIS IS TO CERTIFY THIS IS A TRUE AND CORRECT REPRODUCTION OF THE OFFICIAL RECORD FILED IN MECKLENBURG COUNTY.

| WITNESS MY HAND AND | OFFICIAL SEAL THIS DAY | January 7, 2021 |
|----------------------------|------------------------|-------------------|
| Gibbie Harris | $M_{\rm max}$ | Fredrick Smith |
| ealth Director & Registrar | | Register of Deeds |
| By: | Kith | 21/00 |

Case 3:22-cv-00664-KDB-ASSistan polyment the distributed as 122 Page 1 of 2

THIS DOCUMENT CONTAINS AN ORIGINAL WATERMARK ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE OF OFEDS

| STATE OF NORTH CAROLINA | File No. |
|---|---|
| | 2021 E 002446 |
| MECKLENBURG County | In The General Court Of Justice Superior Court Division |
| County | Before the Clerk |
| IN THE MATTER OF THE ESTATE OF: | |
| Name CAROL LYNN HILL | LETTERS # |
| | ADMINISTRATION |
| | G.S. 28A-6-1; 28A-6-3; 28A-11-1; 36C-2-209 |
| | of wills and the administration of estates, and upon application of ion of the fiduciary named below and orders that Letters be |
| The fiduciary is fully authorized by the laws of North Caro estate, and these Letters are issued to attest to that authorized by the laws of North Caro | lina to receive and administer all of the assets belonging to the prity and to certify that it is now in full force and effect. |
| Witness my hand and the Seal of the Superior Court. | |
| | |
| | |
| Name And Address Of Fiduciary 1 STEPHANIE L HILL | Date Of Qualification |
| 7607 MONOGRAMM LANE | 12/16/2021 Clerk Of Superior Court |
| MINITERED NG 2022 | |
| MINT HILL NC 28227 Title Of Fiduciary 1 | ELISA CHINN-GARY |
| ADMINISTRATOR | EX OFFICIO JUDGE OF PROBATE |
| Name And Address Of Fiduciary 2 | Date Of Issuance 12/16/2021 Signature |
| Title Of Fiduciary 2 | |

SEAL

NOTE: This letter is not valid without the official seal of the Clerk of Superior Court.

AOC-E-403, Rev. 7/06